

**CITY OF ROUND ROCK
UTILITY SERVICE RESIDENTIAL APPLICATION**

DATE _____

CSR _____

ACCT # _____ **SERVICE ADDRESS** _____

ACCT # _____ **BILLING ADDRESS** _____

APPLICANT _____ **CO-APPLICANT** _____

E-MAIL ADDRESS _____

DL# _____

DL# _____

SS# _____

SS# _____

DOB _____

DOB _____

P O E _____

P O E _____

HOME # _____

HOME # _____

WORK # _____

INFORMATION CONFIDENTIAL? ☐ YES
☐ NO

X
SIGNATURE _____

X
CO-APPLICANT _____

*****OFFICE USE*****

OCCUPANT CHANGE ☐ **CONNECT** ☐ **CLOSE** ☐ **LEAK CK/READ** ☐

CONNECT DATE _____ **DISC DATE** _____ **RE-READ DATE** _____

WO # _____ **WO #** _____ **WO #** _____

DEPOSIT AMOUNT _____ **SERVICE FEE** _____ **GARBAGE DAYS** ☐ MON/THUR
☐ TUE/FRI

SAME DAY SERVICE FEE PAID ☐ **SIGNATURE** X _____
(\$75.00)

DEPOSIT BILLED ☐ **DEPOSIT NOT BILLED** ☐ **SEWER AVG ADJUSTED** ☐

SERVICE APPLICATION INFORMATION CHECKED **DATE** _____

DEBIT APPLICATION AND WELCOME INFORMATION **DATE MAILED** _____